* [illegible] allowed Mr. Albright to do repairs at set-up site 2.8.13 but not completely set-up M/H
Data Plate Not Found Re-located within County
J.C. 5-20-13

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

☐ ~~DATA SHEET~~

For Office Use Only *(Revised 1-11)* **Zoning Official** BLK 12 Feb 2013 **Building Official** TM 2-8-13

AP# 1302-16 **Date Received** 2/8 **By** TD **Permit #** 31069

Flood Zone X **Development Permit** N/A **Zoning** A-3 **Land Use Plan Map Category** A-3

Comments Section 2.3.1

FEMA Map# N/A **Elevation** N/A **Finished Floor** above **River** N/A **In Floodway** N/A

☑ Site Plan with Setbacks Shown ☑ EH # 13-0065-E N/A EH Release ☑ Well letter (City Water) ☐ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization ☐ State Rd Access ☑ 911 Sheet

☐ Parent Parcel # ____ ☐ STUP-MH ____ ☐ F W Comp. letter ☑ App Fee Pd ☑ VF Form

IMPACT FEES: EMS ____ **Fire** ____ **Corr** ____ ☐ Out County ☑ In County * SEE NOTE

Road/Code ____ **School** ____ **= TOTAL _Suspended March 2009_** ☐ Ellisville Water Sys

Property ID # 21-3S-16-02239-115 **Subdivision** Sealy South - LOT 15 - UNREC

- **New Mobile Home** ____ **Used Mobile Home** ✓ **MH Size** 24x52 **Year** 89
- **Applicant** Heather Creeley **Phone #** 386-438-9488
- **Address** 184 NW Irene lane lake City FL 32055
- **Name of Property Owner** Heather Creeley **Phone#** 386-438-9488
- **911 Address** 184 NW Irene lane lake City FL 32055
- **Circle the correct power company -** (**FL Power & Light**) - **Clay Electric**
  (Circle One) - **Suwannee Valley Electric** - **Progress Energy**
- **Name of Owner of Mobile Home** Heather Creeley **Phone #** 386-438-9488
  Address 199 SW Sunday way lake City FL 32024
- **Relationship to Property Owner** Owner
- **Current Number of Dwellings on Property** 1
- **Lot Size** 2.4 Arc. **Total Acreage** 2.4
- **Do you : Have** (**Existing Drive** (Currently using)) **or Private Drive** (Blue Road Sign) **or need Culvert Permit** (Putting in a Culvert) **or Culvert Waiver** (Not existing but do not need a Culvert) **(Circle one)**
- **Is this Mobile Home Replacing an Existing Mobile Home** yes - CLOES
- **Driving Directions to the Property** Hwy 90 W Turner Rd to TL - Irene Str First lot on left
- **Name of Licensed Dealer/Installer** Paul Albright **Phone #** 386 365 5314
- **Installers Address** 199 SW Thomas Terr. lake City FL 32024
  - **License Number** IH-1025239/1 **Installation Decal #** 12122

TD spoke w/ Heather.. 2.12.13
LH spoke to Paul on 2-19-13

$490.85

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Paul C Abbott License # IH1025239-1

911 Address where home is being installed. _____

Manufacturer Eagle Length x width 24X52

NOTE: ***if home is a single wide fill out one half of the blocking plan***
if home is a triple or quad wide sketch in remainder of home

I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials P.C.A

New Home ☐ Used Home ☑

Home installed to the Manufacturer's Installation Manual ☐

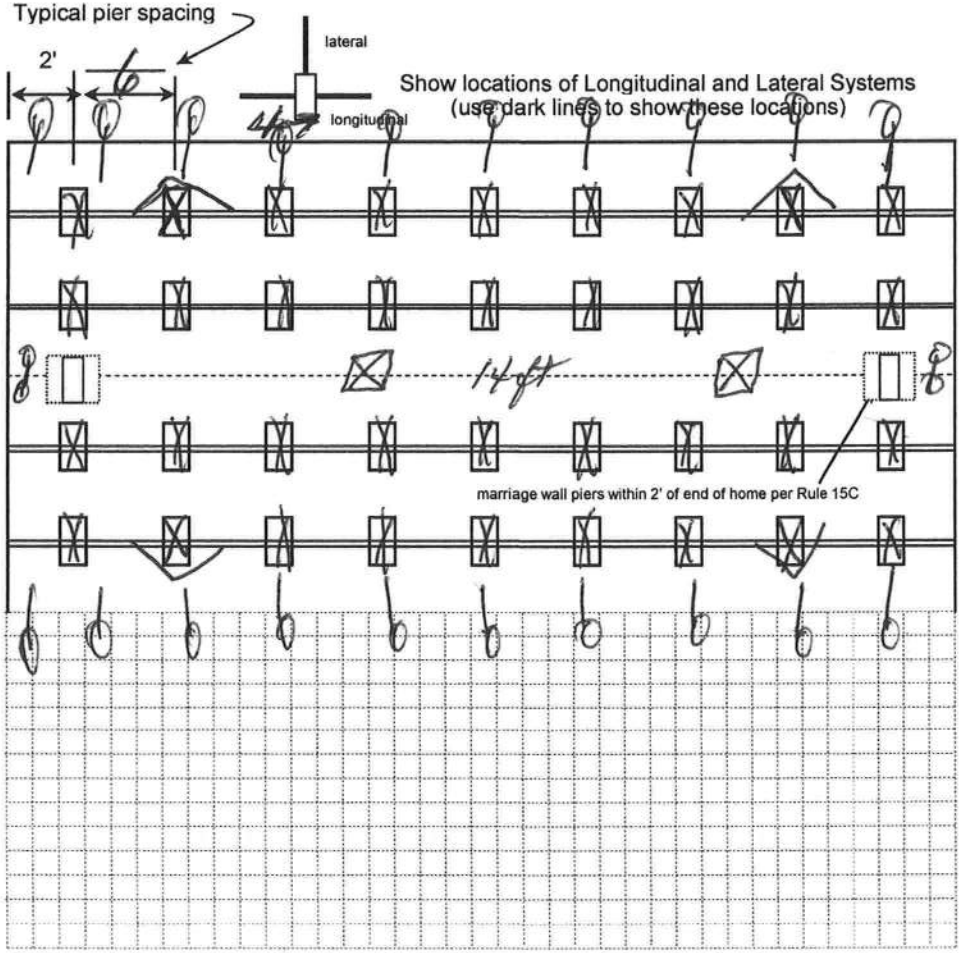
Home is installed in accordance with Rule 15-C ☑

Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

Double wide ☑ Installation Decal # 12122

Triple/Quad ☐ Serial # 1068

Typical pier spacing



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" X 24" (576)*	26" x 26" (676)
1000 psf		3'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 1-17X22

Perimeter pier pad size 1-17X25

Other pier pad sizes (required by the mfg.) 1-16X16

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening	Pier pad size
14	17X25
4	17X25
4	17X25

ANCHORS

4 ft ✓ 5 ft Concrete

FRAME TIES

within 2' of end of home spaced at 5' 4" oc _____

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer 4 With Block

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

OTHER TIES

	Number
Sidewall	10-10
Longitudinal	10-10
Marriage wall	4
Shearwall	n/a

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil _____ without testing.

X 1500 X 1500 X 1500

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X 1500 X 1500 X 1500

TORQUE PROBE TEST

The results of the torque probe test is P.C.A inch pounds or check here if you are declaring 5' anchors without testing _____. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

P.C.A. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Paul C Albright

Date Tested 1-31-13

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. P.C.A

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. P.C.A

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. P.C.A

Site Preparation

✓

Debris and organic material removed _____.
Water drainage: Natural _____ Swale _____ Pad ✓ Other _____.

Fastening multi wide units

Floor:	Type Fastener: Lag's	Length: 8"	Spacing: 2 FT
Walls:	Type Fastener: Screw	Length: 4"	Spacing: 4FT
Roof:	Type Fastener: Lag's	Length: 8"	Spacing: 2 FT

For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials P.C.A.

Type gasket Foam Seal
Pg. OTF

Installed:
Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓. Pg. _____
Siding on units is installed to manufacturer's specifications. Yes _____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ____

Miscellaneous

Skirting to be installed. Yes ✓ No _____
Dryer vent installed outside of skirting. Yes _____ N/A ✓
Range downflow vent installed outside of skirting. Yes _____ N/A ✓
Drain lines supported at 4 foot intervals. Yes ✓
Electrical crossovers protected. Yes _____
Other : _____

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature Paul C Albright **Date** 1-31-13

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Paul E Albright, give this authority for the job address show below
Installer License Holder Name

only, 184 NW Irene Lane Lake City Fl, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
Heather Creeley	Heather Creeley	___ Agent ___ Officer ✓ Property Owner
		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Paul E Albright — IH 1025239-1 — 1-3-13
License Holders Signature (Notarized) — License Number — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Paul E. Albright, personally appeared before me and is known by me or has produced identification (type of I.D.) Personally Known on this 31ST day of Jan, 2013.

NOTARY'S SIGNATURE (Seal/Stamp)

SHERI HANSEN
NOTARY PUBLIC
STATE OF FLORIDA
Comm# DD990366
Expires 5/10/2014
FLORIDA NOTARY ASSOCIATION, INC. SINCE 1978

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787
PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 2/6/2013 **DATE ISSUED:** 2/7/2013

ENHANCED 9-1-1 ADDRESS:

184 NW IRENE LN

LAKE CITY FL 32055

PROPERTY APPRAISER PARCEL NUMBER:

21-3S-16-02239-115

Remarks:

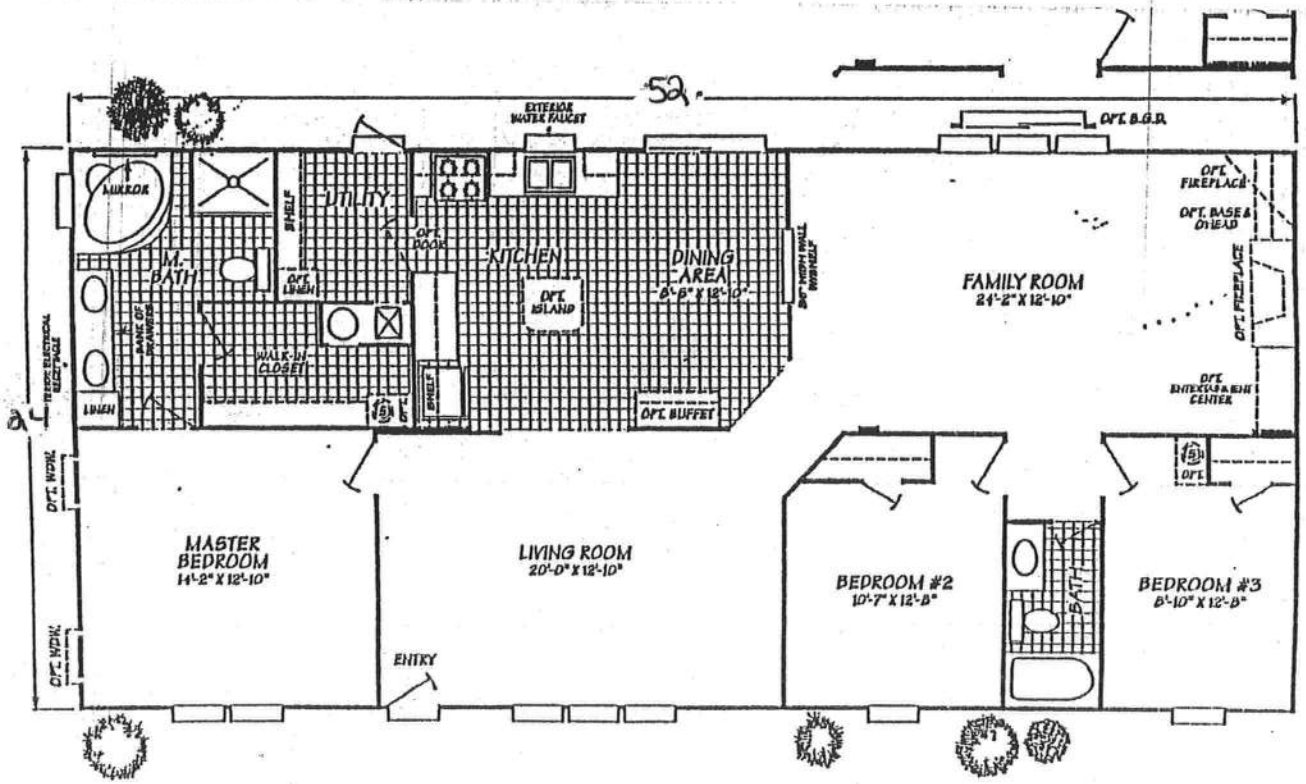
ADDRESS FOR PROPOSED STRUCTURE ON PARCEL.

Address Issued By: _____
Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

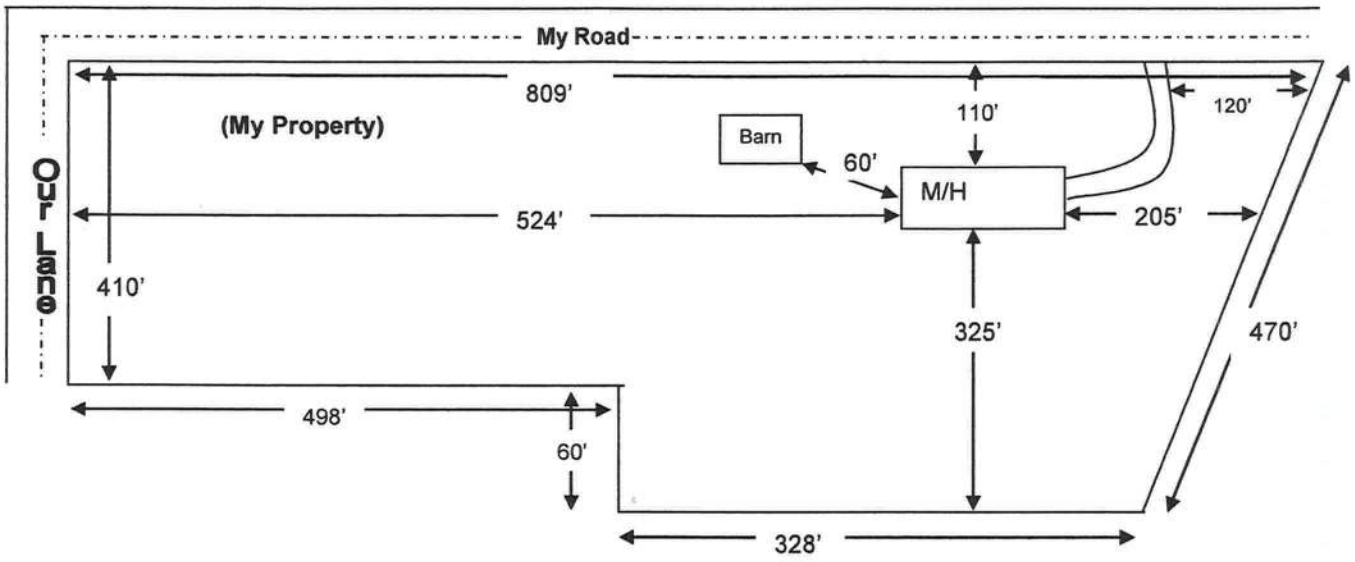
2462

24X52



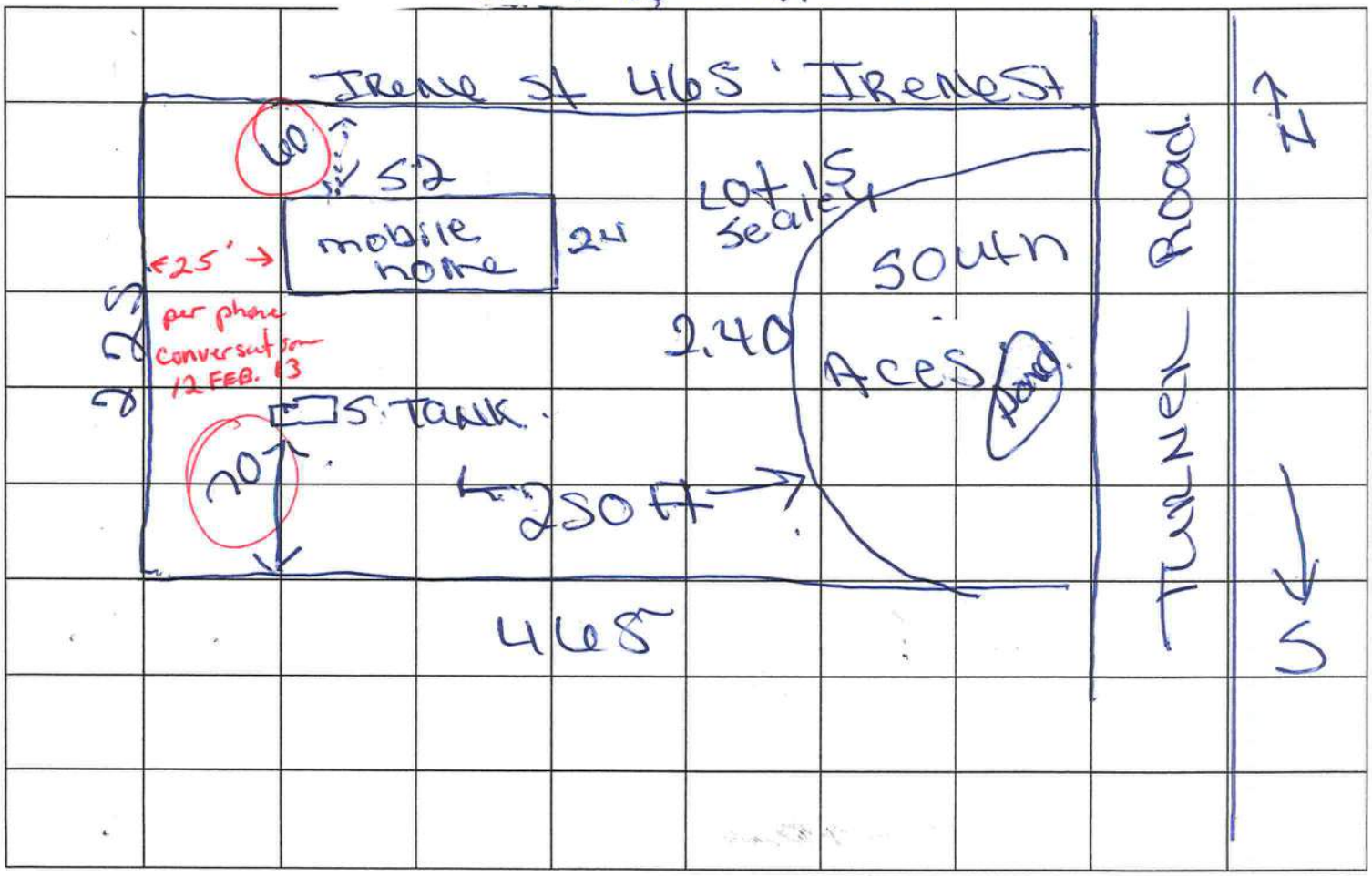
Fleetwood Homes reserves the right to change colors, prices, specifications, models, dimensions and materials without notice. Rendering and diagrams are meant to be representative and, in keeping with Fleetwood's policy of constant updating and improvement, may vary from the actual home. All dimensions are nominal and approximated. Square footage is measured from exterior wall to exterior wall, and is an approximate figure. Length indicated in floorplans is floor length only. The length of the hitch is not included. (Add four feet to arrive at transportable length.) Ask your retailer for specifics. PRICES AND SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE OR OBLIGATION.

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them, Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.

- City water - 2.4



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1302-16 CONTRACTOR PAUL ALBRIGHT PHONE 386 438-9488

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name Heather Creeley License #:	Signature Heather Creeley Phone #: 386-438-9488
MECHANICAL/ A/C _____	Print Name window units License #:	Signature Phone #:
PLUMBING/ GAS	Print Name Paul E Albright License #: IH RR 5239-1	Signature Paul E Albright Phone #: 365-5314

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Heather

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

12122 | LABEL # | DATE OF INSTALLATION

PAUL E. ALBRIGHT

NAME

IH / 1025239 / 1 | 880

LICENSE # | ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325 AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS
PLEASE WRITE DATE OF INSTALLATION AND AFFIX LABEL NEXT TO HUD LABEL. USE PERMANENT INK PEN OR MARKER ONLY. COMPLETE INFORMATION ABOVE AND KEEP ON FILE FOR A MINIMUM OF 2 YEARS. YOU ARE REQUIRED TO PROVIDE COPIES WHEN REQUESTED.


LAMAR PL
IRENE LN
TURNER AVE
ASH DR
WATERFALL CT
DENNIS CT
HAMPTON CT
FLORICE GLN
JERRI PL
CSX Transportation, Incorporated

1302-16

15,900

WARRANTY DEED

This Warranty Deed made and executed the 7th day of February, 2013, by **LENVIL H. DICKS LIVING TRUST,** hereinafter called the grantor, to **HEATHER CREELEY,** Whose post office address is 3909 US Hwy 90 West, Lake City, FL 32055, hereinafter called the grantee:

(Wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporation)

Witnesseth: That the grantor, for the consideration of the sum of $ 10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Columbia County, Florida, viz:

LOT 15, SEALEY SOUTH
TOWNSHIP 3 SOUTH, RANGE 16 EAST

SECTION 21: Commence at the SE corner of the NE ¼ of SE ¼ and run thence N 0° 47'39" W along the East line of said Section 21, a distance of 266.50 feet to the POINT OF BEGINNING; thence run S 89° 52'14" W, a distance of 467.13 feet; thence N 0° 34'30" W 224.29 feet to the South right-of-way line of Irene Street; thence N 89° 39'43" E along the South right-of-way of Irene Street, a distance of 465.21 feet to the West right-of-way line of Turner Road; thence S 0° 47'39" E along the West right-of-way line of Turner Road, a distance of 226.10 feet to the POINT OF BEGINNING. Subject to Restrictions recorded in O.R. Book 0739, Pages 0140-0158, Columbia County, Florida, and subject to Power Line Easement.

Together with all the tenements, hereditaments and appurtenances thereto belong or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple: that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2012.

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Witness: Nanci Brinkley

Witness: Shirley Hitson

Inst: 201312002132 Date: 2/11/2013 Time: 3:57 PM
Doc Stamp-Deed: 111.30
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B:1249 P:1098

Lenvil H. Dicks Living Trust

By: Lenvil H. Dicks, Trustee

State of Florida
County of Columbia

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Lenvil H. Dicks, who is personally known to me to be the person described in and who executed the foregoing instrument, who was not required to furnish identification, and he acknowledged before me that he executed the same and who did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 7th day of February, 2013

Notary Public, State of Florida

This instrument prepared by: Bradley N. Dicks
Address: P.O. Box 513 Lake City, FL 32056

NANCI L. BRINKLEY
MY COMMISSION # DD 998450
EXPIRES: December 26, 2013
Bonded Thru Notary Public Underwriters

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 13-0065E
DATE PAID: 2/8/13
FEE PAID: 125.00
RECEIPT #: 1097058

APPLICATION FOR:
[ ] New System [✓] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Heather Creeley fax: 752-1371

AGENT: _____ (work) 752-1452 TELEPHONE: 386-438-9488

MAILING ADDRESS: 184 NW Irene Lane Lake City FL 32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 15 BLOCK: _____ SUBDIVISION: Sealy South PLATTED: _____

PROPERTY ID #: 21-3S-16-02239-115 ZONING: _____ I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: _____ ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 184 NW Irene Lane LakeCity FL 32055

DIRECTIONS TO PROPERTY: Hwy 90W Tuner Rd to Irene Ste First lot on left.

BUILDING INFORMATION [✓] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Mobil Home	3	24X52	ORIGINAL ATTACHED
2				
3				
4				

(NA) Floor/Equipment Drains (NA) Other (Specify) _____

SIGNATURE: Heather Creeley DATE: 02-08-13

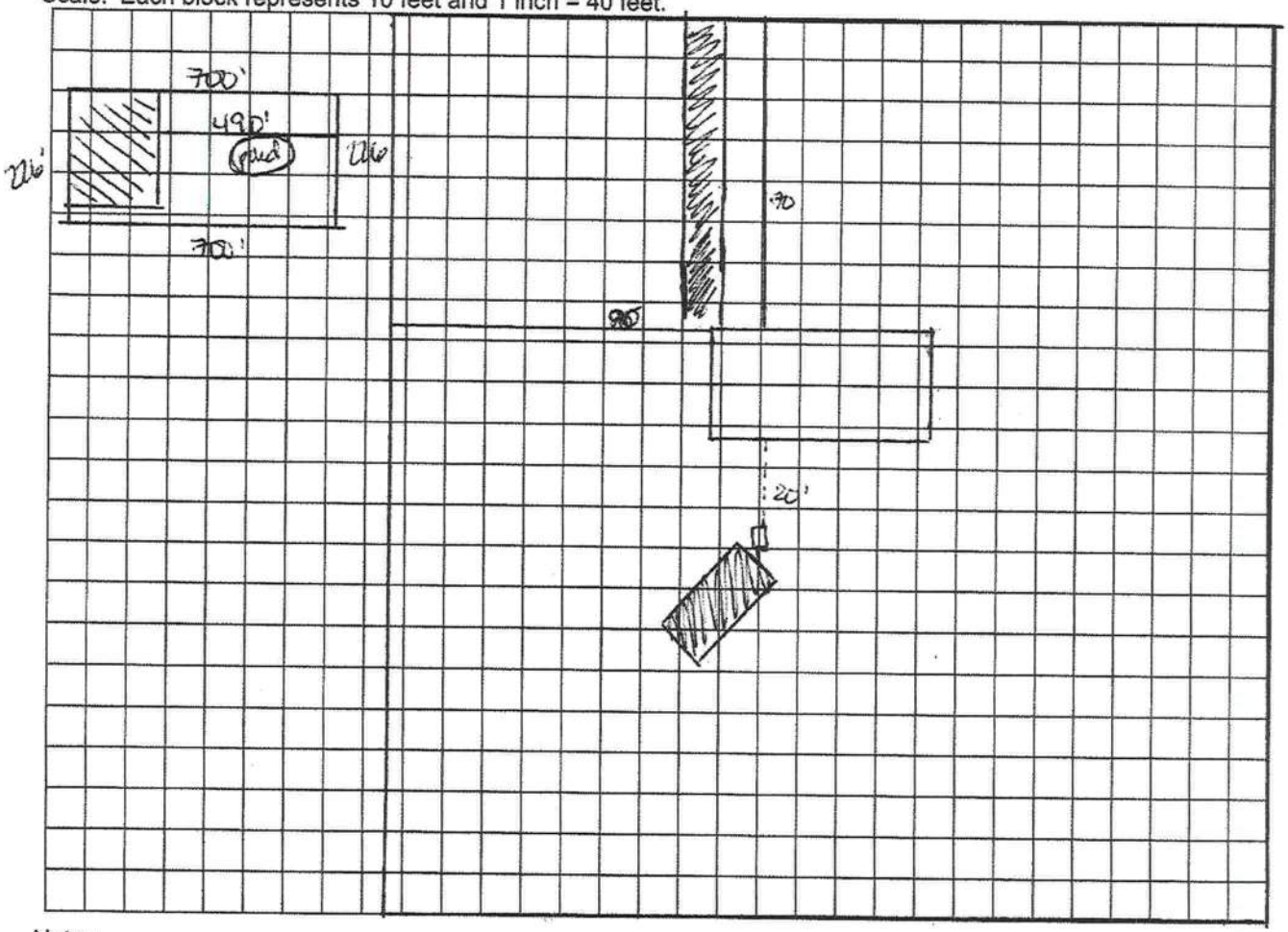
H 4015, 08/09 (Obsoletes previous editions which may not be used)
corporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 13-0065E
Creeley

---------- PART II - SITEPLAN ----------

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

NO wells within

Site Plan submitted by: _____ _____

Plan Approved Y Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

5.15.13

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 3/8/13 BY [illegible] 1302-16 IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? yes

OWNERS NAME Heather Creeley PHONE 386-438-9488 CELL NA

ADDRESS 184 NW Irene Lane Lake City FL 32055

MOBILE HOME PARK Sealy South SUBDIVISION Sealy South

DRIVING DIRECTIONS TO MOBILE HOME Hwy 90 W Toner Rd to Irene first lot on left.

MOBILE HOME INSTALLER Paul C Albright PHONE 365 5314 CELL 365 5314

MOBILE HOME INFORMATION

MAKE Eagle YEAR 89 SIZE 24 x 52 COLOR Blue

SERIAL No. GAFIJ35A01068ET

WIND ZONE 2 Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

F SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION

P DOORS ( ) OPERABLE ( ) DAMAGED

P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS ( ) OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

F ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE (✓) EXPOSED WIRING (✓) OUTLET COVERS MISSING (✓) LIGHT FIXTURES MISSING

EXTERIOR:

— — WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

— WINDOWS (✓) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

— — ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: Need Data Plate

NOT APPROVED ____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS

SIGNATURE [signature] ID NUMBER 306 DATE 5-15-13

Called
left
Message
Paul 5-15-13
T.C